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SEP 26 2005

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000110 7590 06/23/2005

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Niels Haun

(Depositor's name)

(Signature)

September 22, 2005

(Date)

DANN, DORFMAN, HERRELL & SKILLMAN
 1601 MARKET STREET
 SUITE 2400
 PHILADELPHIA, PA 19103-2307

09/27/2005 HDESTA2 00000016 09992486

01 FC:2501	700.00 OP
02 FC:1504	300.00 OP
03 FC:8001	30.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/992,486	11/14/2001	Kristin J. Dana	RUT.01-013US	5167

TITLE OF INVENTION: APPARATUS AND METHOD FOR MEASURING SPATIALLY VARYING BIDIRECTIONAL REFLECTANCE DISTRIBUTION FUNCTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	09/23/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROSENBERGER, RICHARD A	2877	356-445000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Dann Dorfman Herrell 1 & Skillman 2 Niels Haun 3 _____
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Rutgers, The State University
of New Jersey

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

New Brunswick, New Jersey

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1406 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date September 22, 2005

Typed or printed name Niels Haun

Registration No. 48,488

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